

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
CORM LIMITED OFFERING FXFMP

139-1349908

OMB APPROVAL

OMB Number: Expires:

Estimated average burden hours per response. . . . . . 16.00



UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	06020806
Groove Media, Inc. Private Placement of Common Shares	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Groove Media, Inc.	
67 1/11 0 m o m o	Number (Including Area Code) 214–9888
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone (if different from Executive Offices)	: Number (Including Area Code)
Brief Description of Business	
The development of video games	PROCESSED  E JAN 1 9 2006
Type of Business Organization	
corporation   limited partnership, already formed   other (please specify):   business trust   limited partnership, to be formed	Ł JAN 1 9 2006
Month Year	THOMSON
Actual or Estimated Date of Incorporation or Organization: Old Oll X Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	THOMSON FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 77d(6).	17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is d and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received hit is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any photocopies of the manually signed copy or bear typed or printed signatures.	copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securit	
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Adn	
are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemptic accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Append this notice and must be completed.	
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exemption.	conversely failure to tile the
appropriate tederal notice will not result in a loss of an available state exemption unless such exe filing of a federal notice.	

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		A. BASIC I	DENTIFICATION D	ATA		
Enter the information re	quested for the following	owing:	•			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	uer has been organized	within the past five y	ears;		
Each beneficial own	ner having the pow	er to vote or dispose, or	direct the vote or disp	osition of, 109	% or more of a cla	ss of equity securities of the issue
<ul> <li>Each executive offi</li> </ul>	icer and director of	corporate issuers and	of corporate general a	nd managing	partners of partn	ership issuers; and
<ul> <li>Each general and m</li> </ul>	nanaging partner of	partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	r 🗶 Executive O	fficer X	Director	General and/or Managing Partner
'uli Name (Last name first, i	_					
Jonathan Wals		Santa Cian Carta Zia	C-4-)			
Business or Residence Addre 519 Hillsdale A		Street, City, State, Zip , Toronto, Or		ia M4S	1V1	
Check Box(es) that Apply:	Promoter	X Beneficial Owne	r KY Executive C	fficer X	Director	General and/or Managing Partner
ull Name (Last name first, i	f individual)					
Michael Haines						
Business or Residence Addre 31 Glen Oak Dri				1Y4		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r 🗶 Executive C	fficet X	Director [	General and/or Managing Partner
full Name (Last name first, i						
Trevor Fencott		Carrie Cian Carrie 7:	C-1-)			
Business or Residence Addre 264 Seaton Str				Canada	M4T 2A7	
Check Box(es) that Apply:	Promoter	Beneficial Owne	r 🔯 Executive C	fficer X	Director	General and/or Managing Partner
full Name (Last name first, i Mark Rivkin	f individual)					
Business or Residence Addre 308 Spadina Roa	•			76		
Check Box(cs) that Apply:	Promoter	Beneficial Owne	Executive C	officer X	Director	General and/or Managing Partner
Full Name (Last name first, i Harvey Solursh	f individual)					
Business or Residence Addre 701 Briar Hill		•		M6B 1L5		
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive C	Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·			
Jen Walsh						
Business or Residence Addre 519 Hillsdale	•		•	da M4S	1V1	
Check Box(es) that Apply:	Promoter	X Beneficial Owner	er Executive (	Officer	Director [	General and/or Managing Partner
Full Name (Last name first, i	· ·					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)			
700 Brickell A	venue. Mian	ni. Florida	33131			

			17. W. W.	建州(阿克)。 第12年,第	В. П	FORMATI	ON ABOU	i offeri	γ <b>C</b>				
1	Une the	cener sold	, or does th	e icener in	itend to sel	i to non-ai	ccredited in	avestors in	this offeri	ng')		Yes	No <b>⊠</b>
1.	Has the	1354C1 3010	, or does th			Appendix,							EZ
2.	What is	the minimu	ım investm									\$ <u>100</u>	.000
	Does the offering permit joint ownership of a single unit?										Yes	No	
3. 4.	and the second s										<u>e</u>		
7.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin  If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a sta or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc										ne offering. with a state		
Ful			irst, if indi						N/A			-	
Bus	siness or F	lesidence <i>i</i>	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)						
Nai	ne of Ass	ociated Bro	oker or Dea	ler			***********		<del></del>				
Sta	tes in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers		A				
	(Check '	'All States'	" or check i	ndividual	States)							☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (L	ast name f	irst, if indi	vidual)		<del> </del>					· , · · · · · · · · · · · · · · · · · ·		
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)	<u>.</u>				W - L	
Na	ne of Ass	ociated Bro	oker or Dea	ler									
Sta	tes in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check '	All States	" or check i	ndividual	States)					•••••••	••••••••••	Al	l States
	IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	1 Name (L	ast name 1	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, I	Zip Code)						
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				· <del></del>	<del></del>	
	(Check	'All States	" or check	individual	States)							□ AI	I States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

ا ا	C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pric	с	Amount Aiready Sold
		_		
	Debt			
	Equity	1,900,00	<u> </u>	\$1,900,000
	[X] Common [ Preferred			
	Convertible Securities (including warrants)			
	Partnership Interests			
	Other (Specify)	5_ ,		\$
	Total	1,900,00	00	<u>\$1,900,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	2	Cd	ns_1,900,000
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	-		
	Regulation A			\$
	·			\$
	Rule 504	<del></del>	_	\$
	Total			\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		⍔	\$10,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)		] [	\$
	Total		LUI PORI	\$ 10,000

	C. OFFERING PRICE, NUMBE	R OF INVEST	ORS, EXPENSES AND USE O	F PROCEEDS:	TOTAL STREET, AND THE
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu proceeds to the issuer."	uestion 4.a. Th	is difference is the "adjusted gro	280	\$ <u>1,890,000</u>
	Indicate below the amount of the adjusted gross proce each of the purposes shown. If the amount for any periods the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not ne payments lis	known, furnish an estimate a sted must equal the adjusted gro	ınd	
				Payments to	
				Officers,	<b>.</b>
				Directors, & Affiliates	Payments to Others
	Salaries and fees	*****************	,	🛮 S	_ 🗆 🖫
	Purchase of real estate	*********	***************************************	🔲 \$	
	Purchase, rental or leasing and installation of machin				
	and equipment				
	Construction or leasing of plant buildings and facilit	ties	***************************************	🔲 💲	🗆 \$
	Acquisition of other businesses (including the value				
	offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities	of another	П.	m e
	Repayment of indebtedness				
				_	
	Working capital			_	
	Other (specify):			_ 🗆 \$	_ 🗆 \$
				 🔲 \$	
	Column Totals	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	s 0.00 cd	n [X] \$ 1 : 890 . 00
	Total Payments Listed (column totals added)			Cdn 🛐 💲	890,000
			L SIGNATŪRE		
	<ul> <li>Land General State of the Control of t</li></ul>		DOIONATONE		ते रोज्यात्रकात संस्थात सामाना
g	e issuer has duly caused this notice to be signed by the un nature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred	sh to the U.S.	Securities and Exchange Com	mission, upon writ	
SS	uer (Print or Type)	Signature		Date	·
	Groove Media, Inc.	<del>-</del> -	I.m.	JAN 5, 20	ستده
Įa		Title of Signer	(Print or Type)	1 3.1.0	
٠.	TREYOR FENCOTT		LDENT		
_	INEADIK LEMOOLI	r kes	IDEN 1		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

TREVOR FEN	ा	PRESIDENT			
Name (Print or Type)		Title (Print or Type)			
GRUDVE MEDIA	INC.	The Fra	JAN 5, 20	کوو	
Issuer (Print or Type)		Signature	Date		
The issuer has read this no duly authorized person.	ification and knows the conte	ents to be true and has duly caused thi	s notice to be signed on its beha	ilf by the	undersigned
limited Offering	Exemption (ULOE) of the st	ate in which this notice is filed and	understands that the issuer clai		
	•	furnish to the state administrators,	upon written request, informa	tion furn	ished by the
•	See Appendix, Column 5, for state response.  2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fill D (17 CFR 239.500) at such times as required by state law.  3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatic issuer to offerees.  4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitlimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.  Such as a state of the state in the conditions and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.  Such as a such as read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf authorized person.  To (Print or Type)  Signature  Date	îled a no	tice on Form		
	See	Appendix, Column 5, for state resp	onse,		
		esently subject to any of the disqua		Yes	<b>№</b>
		E. STATE SIGNATURE			

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a- investors	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL								]	
AK				1					
AZ									
AR									
CA									
СО									
СТ									
DE									
DC		Supplements for the class of the care							
FL									
GA		,							
HI	Company to the contract of the	.,,							
ID								ſj	
IL	<u></u> )	11 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1							
IN									
IA	\$48-54- A 13 M. M. 144-774								
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

				APP	ENDIX				
1		to sell	Type of security and aggregate offering price offered in state (Part C-Item 1)	4					fication te ULOE attach tion of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО							L		
МТ									
NE									
NV									
NH									
lИ								[]	-
ММ									
NY								i	!
NC	Charles of the parties where the parties of								
ND									
ОН									
ок		,	 						أماست مجين سا
OR									
PA		ern to a session process change							
RI	e In also in a billion and also								
sc									
SD		g van d'yar, ik a van dan van d'englessed de							
TN									
TX									
UT									
ντ									
VA									
WA									
wv									
WI									

1	to non-a investor	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY			·							
PR										